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DATE: March 26, 2010

PTO IDENTIFIER: Application Number 10/539,212-Conf. #2349
Patent Number

Inventor: Olga N. Kovbasnjuk et al.

MESSAGE TO: US Patent and Trademark Office

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FROM: EDWARDS ANGELL PALMER & DODGE LLP
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PAGES (Including Cover Sheet): 13

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Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Request for Continued Examination Transmittal (1 page)
Amendment and Reply (8 pages)
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PTO/SB/97 (09-04)

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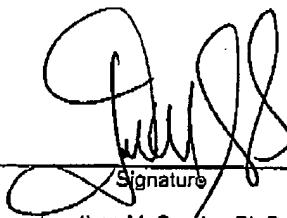
Application No. (if known): 10/539,212

Attorney Docket No.: 60384(71699)

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Jonathan M. Sparks, Ph.D.

Typed or printed name of person signing Certificate

53,624
Registration Number, if applicable

(617) 517-5543
Telephone Number

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Fee Transmittal (1 page)

Amendment Transmittal (1 page)

Request for Continued Examination Transmittal (1 page)

Amendment and Reply (8 pages)

Charge \$405.00 to deposit account 04-1105Amendment Transmittal (1 page)

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PTO/SB/17 (10-08)

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| | |
|--|-------------------|
| Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Fee TRANSMITTAL For FY 2009 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | |
| TOTAL AMOUNT OF PAYMENT | (S) 405.00 |

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 10/539,212-Conf. #2349 |
| Filing Date | June 17, 2005 |
| First Named Inventor | Olga N. Kovbasnjuk |
| Examiner Name | S. J. Huff |
| Art Unit | 1643 |
| Attorney Docket No. | 60384(71699) |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|--|--------------------------------------|---|-------------------------------|--|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | | Deposit Account Number: 04-1105 | | Deposit Account Name: Edwards Angell Palmer & Dodge LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fee Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| <u>Fee Description</u> | <u>Small Entity</u> |
|--|---------------------|
| Each claim over 20 (including Reissues) | 52 26 |
| Each independent claim over 3 (including Reissues) | 220 110 |
| Multiple dependent claims | 390 195 |

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| 17 | - 20 or HP | x | = | Fee (\$) |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| 2 | - 3 or HP | x | = |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = | /50 = | (round up to a whole number) x | = | Fees Paid (\$) |

4. OTHER FEE(S)

Non-English Specification \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 280 Request for continued examination (RCE) (see 37 ...)

405.00

| | | | | | | |
|---------------------|---------------------------|--------------------|--------------------------------------|--------|----------------|----------------|
| SUBMITTED BY | | <i>[Signature]</i> | Registration No. (Attorney/Agent) | 53,624 | Telephone | (617) 517-5543 |
| Name (Print/Type) | Jonathan M. Sparks, Ph.D. | | | Date | March 26, 2010 | |

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MAR 26 2010

AMENDMENT TRANSMITTAL LETTER

Docket No.
60384(71699)Application No.
10/539,212-Conf. #2349Filing Date
June 17, 2005Examiner
S. J. HuffArt Unit
1643

Applicant(s): Olga N. Kovbasnjuk et al.

Invention: TREATMENT OF METASTATIC COLON CANCER WITH B-SUBUNIT OF SHIGA TOXIN

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
|--|----------------------------------|--------------------------------|-----------------------------|----------|------|
| Total Claims | 17 | - 20 = | 0 | x 26.00 | 0.00 |
| Independent Claims | 2 | - 3 = | 0 | x 110.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. _____ in the amount of \$ _____. A check in the amount of \$ _____ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: March 26, 2010

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